

USDA-OIG

EMPLOYEE INSTRUCTIONS FOR FILING AN OCCUPATIONAL DISEASE CLAIM



The Federal Employees' Compensation Act (FECA) is the exclusive authority governing your claim rights. The Department of Labor's Office of Workers' Compensation Programs (OWCP) has exclusive authority to administer, interpret, and enforce all provisions of this Act. The Administrative Resource Center (ARC) has been contracted to provide you and your supervisor with the assistance necessary to navigate through the process.

The following documents should be downloaded and printed to assist you in the claim process.

- **Notice of Occupational Disease...**[\(CA-2\)](#)
- **Duty Status Report** [\(CA-17\)](#)
- **Medical Release of Information**
- **Evidence Required – applicable section** [\(CA-35\)](#)
- **Health Care Provider Memo**
- **Attending Physician's Report** [\(CA-20\)](#)
- **Health Claim Form** [\(OWCP 1500\)](#)

**EXCEPT IN EMERGENCY SITUATIONS,
COMPLETE THE FOLLOWING PRIOR TO YOUR FIRST DOCTOR'S APPOINTMENT:**

1. **REPORT** your injury to your supervisor as soon as possible.
2. **COMPLETE** the CA-2.
3. **PROVIDE** the information requested in the appropriate section of the CA-35 forms. Based on your disease, you will need to complete one of the following:

- | | |
|---|--|
| ▪ CA-35A -General Occupational Disease Checklist | ▪ CA-35E -Checklist for Work Related Skin Disease |
| ▪ CA-35B -Checklist for Work Related Hearing Loss | ▪ CA-35F -Checklist for Work Related Pulmonary Illness |
| ▪ CA-35C - Checklist for Work Related Asbestos-Related Illness | ▪ CA-35G -Checklist for Work Related Psychiatric Illness |
| ▪ CA-35D -Checklist for Work Related Coronary/Vascular Condition | ▪ CA-35H -Checklist for Work Related Carpal Tunnel Syndrome |

NOTE: You are required to provide *detailed* information regarding your history and the reasons that you believe the condition is work related. Failure to provide the information requested may result in your claim being denied. Your supervisor is required to provide the information requested from the employing agency.

4. **FORWARD** the completed packet to your supervisor. Your supervisor will complete the supervisory section of the CA-2, attach the information requested and forward it to ARC.
 - a. ARC will review the document for completeness, and will forward it to the Department of Labor (DOL).
 - b. When a claim number is assigned, you will receive a post card identifying your claim number. This number should be used on all documentation/bills submitted by your health care provider to the DOL.
 - c. If the DOL needs additional information, you will be notified in writing.

5. **HAVE your supervisor complete the supervisory section of the Duty Status Report (CA-17) and return it to you BEFORE you go to the doctor. A copy of your position description should also be provided to you for your health care provider's review.**
6. **Contact your supervisor concerning your attendance and compensation options should you be unable to work due to your occupational disease.** Individuals filing a CA-2 are not eligible for Continuation of Pay (COP/injury leave.)
7. Typically, individuals who file a CA-2 are not eligible for pre-authorization of medical treatment through the Medical Authorization for Examination and/or Treatment (CA-16). **If you have questions concerning this, please contact your ARC Workers' Compensation Specialist for more information.**

GIVE THE FOLLOWING TO YOUR HEALTH CARE PROVIDER:

- Health Care Provider Memo
- Position Description
- Health Claim Form (OWCP 1500)
- Duty Status Report (CA-17) - completed by supervisor
- Attending Physician's Report (CA-20)
- Evidence Required -applicable section (CA-35)

RETURN TO YOUR SUPERVISOR:

1. **All evidence requested (as outlined in applicable section of CA-35) in support of your claim.**
2. **A completed CA-17** outlining your physical requirements.

RESPONSIBILITIES:

YOUR RESPONSIBILITIES:

1. The burden of proof in establishing that the injury is work related is yours. You must provide evidence that you filed for benefits in a timely manner, that you are a civil service employee, that your injury occurred as reported and in the performance of duty, and that the condition or disability is related to your injury or factors of employment.
2. Under 20 CFR 10.505, you have the obligation to return to work as soon as medically feasible. You are required to:
 - Notify your physician that your agency provides light duty whenever possible to help injured employees return to work. ([Use Health Care Provider Memo](#))
 - Provide your physician with information concerning your position description and the physical requirements of your position. ([Use CA-17](#))
 - Accept all suitable job offers. Refusal could jeopardize your benefit entitlement.
3. You are obligated to keep your supervisor updated regarding your medical condition and ability to perform the essential functions of the position.
4. You must continue to follow your agency's time and attendance guidelines.

AGENCY RESPONSIBILITIES:

1. Your agency will cooperate with you, your health care provider, and the OWCP to the fullest extent possible to ensure that you obtain all benefits due you, and to allow you to return to work at the earliest medically feasible opportunity.
2. Your agency will make every effort to ensure that agency personnel do not obstruct you in any way in the claim process by complying with all statutory obligations and timeframes.

- a. The CA-2 will be processed ***within 10 working days*** to the appropriate district office.
 - b. The Claim for Compensation (CA-7) will be processed ***within 5 working days*** to the appropriate district office.
3. Your agency has an obligation to provide appropriate information to OWCP. Your agency must respond to all assertions in your claim. This information may challenge the validity of your claim.

Any attempt by agency personnel to knowingly and willfully falsify, conceal or cover up a material fact or make a false statement in connection with a claim for compensation or other benefit from the government, could result in fine or imprisonment.

Please provide the following information so ARC can fully assist you and your supervisor throughout this process:

Employee Home Phone:	Employee Work Phone:
Email:	Work Schedule:
Best Time to Reach:	Other:

Supervisor Work Phone:	Other Phone:
Email:	Work Schedule:
Best Time to Reach:	Other:

ARC CONTACT INFORMATION

PRIMARY CONTACT: Kelly Nettleton (304) 480-8229 FAX: (304) 480-8019
SECONDARY CONTACT: Carla McHenry (304) 480-8213 FAX: (304) 480-8019

EMAIL: WorkersComp@bpd.treas.gov

ARC MAILING INFORMATION:

Regular Mail:
 Benefits, Avery 2-C
 TREASURY/PUBLIC DEBT
 Attention: Kelly Nettleton
 PO Box 1328
 Parkersburg, WV 26101-1328

Express Mail:
 Benefits, Avery 2-C
 TREASURY/PUBLIC DEBT
 Attention: Kelly Nettleton
 200 Third Street
 Parkersburg, WV 26106-5312

INSTRUCTIONS:

Forward a signed copy of this document along with all the other requested documentation. If you have questions, contact the agency personnel outlined above. Please provide any special instructions, such as the need for a translator, and/or the name of anyone authorized to act on your behalf.

Employee Acknowledgement

Date

Supervisor Acknowledgement

Date